			ŧ	BEST A	AVAI	LABLE	CC)PY [*]	101	(),	2876	26	
	·							- A	pplication	or D	ocket Num		1
	PATENT A	APPLICATIO	N FEE D	ETERM	INATI	ON RECO	RD			_	/ /	1120	رن
		•	tive Octob									06-16	
		CLAIMS AS	S FII FD	PART							OTHER	71101	1
			(Columi		_	ımn 2)		SMALL EI Type 🗀		OR	OTHER SMALL		•
0	FAL CLAIMS		المنت المناس	/· •				RATE	FEE	1	RATE	FEE	
OF		······································	NUMBER	FILED	NUME	BER EXTRA		BASIC FEE	-	OR			1
		BLE CLAIMS	1100		*	2000		V¢ 0		1	7/040	134	1
			45 minus 20= * 6 minus 3 = *			<u> </u>		X\$ 9=	 -	OR		504	1
NDEPENDENT CLAIMS			<u> </u>			75		X42=		OR	X84=	252	1
MULTIPLE DEPENDENT CLAIM PRESENT								+140=		OR	+280=		
lf ti	he difference	in column 1 is	less than z	ero, enter	"0" in (column 2		TOTAL		OR	TOTAL	1496	4
1		LAIMS AS A	MENDE	D - PAR	TII						OTHER		1
07	78-05	(Column 1)		(Colur	nn 2)	(Column 3)		SMALL	ENTITY	OR	SMALL		
		CLAIMS REMAINING		HIGH		PRESENT			ADDI-			ADDI-	
		AFTER AMENDMENT		PREVIO		EXTRA	Ì	RATE ,	TIONAL FEE		RATE	TIONAL FEE	
	Total	. 8	Minus	** 4	8	=		X& 9=		OR	X\$18=		1
	Independent	• 9	Minus	***	0	-		X42=	-	1	vod		
7	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							745= /		LOS	. 7045		{ `
	<u>- "."</u>							+14Q=.		OR	1280=	1	
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE]
		(Column 1)		(Colui	תח 2)	(Column 3)							1
0		CLAIMS REMAINING		HIGH		PRESENT			ADDI-			ADDI-	1
		AFTER AMENDMENT		PREVIO		EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE	
AMENDMEN	Total	*	Minus	***		=	1	X\$ 9=		OR	X\$18=		
	Independent		Minus	***		3	1			l'			1
ŧ	FIRST PRESE	NTATION OF MI	ULTIPLE DE	PENDENT	CLAIM			X42=		OR	X84=		1
								+140=		OR	+280=		
								TOTAL		OR	TOTAL ADDIT. FEE		1
		(Column 1)		(Colur	mn 2)	(Column 3)		ADOIT. FEE		•	ADDII. FEE	· •————————————————————————————————————	1
		CLAIMS		HIGH	EST		1		ADDI-	1		ADDI-	1
		REMAINING AFTER		PREVIO	DUSLY	PRESENT		RATE	TIONAL		RATE	TIONAL	
-	1990-2	AMENDMENT	10	PAID	FOR		1		FEE		—	FEE	1
-	Total	*	Minus	***		=		X\$ 9=		OR	X\$18=		1
	Independent	*	Minus	PENDENI	CLAH	-		X42=		OR	X84=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						1	+140=			+280=		1
• If	the entry in colu	mn 1 is less than t	he entry in co	lumn 2. write	e "O" in cr	oturna 3.		+14U=		ОЯ	TOTAL		-
	the 'Highest Nu	mber Previously P	aid For IN Th	(IS SPACE	s less tha	an 20, enter "20		ADDIT. FEE		OR	ADDIT. FEE		4

FORM PTO-675 (Rev. 8/01)

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